MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/763767

FILING DATE

APPLICANT(S)

CLAIMS

*	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1				51						
2							52			1			
3				1			53			1			
4				1			54			1			
5							55			1			
6							56						
7							57						
8				1			58						
9				1			59						
10							60						
11							61						
12				1			62						
13	1		1				63						
14							64						
15				1			65						
16							66						
17							67						
18							68						
19							69						
20	1		1				70						
21							71						
22							72						
23							73						
24							74						
25				1			75						
26							76						
27							77						
28							78						
29	1		1				79						
30				1			80						
31							81						
32							82						
33							83						
34							84						
35				3			85						
36							86						
37							87						
38				4			88						
39							89						
40				4			90						
41				1			91						
42							92						
43				4			93						
44							94						
45							95						
46							96						
47							97						
48							98						
49				1			99						
50			1				100						
TOTAL IND.	4						TOTAL IND.						
TOTAL DEP.	51						TOTAL DEP.		5 6				
TOTAL CLAIMS	55						TOTAL CLAIMS		66				

PTO-1360 (3-78)   *MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS   U.S. DEPARTMENT of COMMERCE